



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James L. Knighten et al.

Serial No.: 09/881,464

Filed: June 14, 2001

For: Providing Shields To Reduce
Electromagnetic Interference From
Connectors

§ Group Art Unit: 2839

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Examiner: Neil Abrams

Atty. Dkt. No.: 9793 (NCR.0045US)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fee only


INFORMATION DISCLOSURE STATEMENT

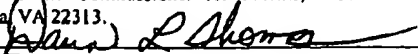
Dear Sir:

Applicant submits the references listed on the attached form PTO 1449, copies of which are enclosed. This statement is being filed after a first Office Action on the merits, but before receipt of a final Office Action or a Notice of Allowance. Please apply the late submission fee \$180.00 of §1.17(p) to Deposit Account No. 50-1673 (9793).

Respectfully submitted,

Date: Nov. 12, 2003


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Date of Deposit: November 12, 2003
I hereby certify under 37 CFR 1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313.

Dawn L. Thomas

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180.00 EA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09881064

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	32	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	32 minus 20 =	12
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 21	Minus	** 37 = 4
	Independent	• 6	Minus	*** 6 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	** =
	Independent	•	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	** =
	Independent	•	Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	216
X80=	80
+270=	
TOTAL	1006

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X\$18=	72.00
X80=	
+270=	
TOTAL ADDIT. FEE	72.00

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.